## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/</u> 1 <u>8/2010</u>	Address:	<u>206 N. East St.</u>
Case #:	53 <u>1'22512</u>		<u>Путета, IN 47879</u>
County:	Sullivan		
Type of Laboratory Seizure (check one)  Operational Lab Chemical/Glassware/Equipment (only)		Seizure Location (  Residence Outbuilding	check all that apply)  Hotel/Motel Open – No Structure Other:
Dumpsite (only)			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Investigative Information  Description: Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Do	rtment: <u>Hymera Volunteer F.D.</u> spartment: <u>Sullivan Co.</u> <u>Health Dept.</u> tection Service: <u>Sullivan CPS</u>	Fax: <u>812</u> Fax: <u>Non</u> Fax: <u>765</u>	<u>e</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: J. Kempt/ 7922 Phone (765) 653-4114  Phone (765) 653-4114			
** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department			

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.